

MI AND MR/RC RESIDENTS LEVEL II PASRR REPORT FOR THE MONTH OF \_\_\_\_\_

1. Identify admissions, discharges, and deceased residents who have a diagnosis of MI/ID/RC as determined by the OBRA Office.
2. This Report is due by the 10<sup>th</sup> of every month.
3. If there are "No Changes" send a notification on this report (by the 10<sup>th</sup>) by email or fax listing your name, facility and the terms, **NO CHANGES."**

4. **Mail Report to:** OBRA Screening Office      **OR**    **E-Mail Report to:** [deborah.goodman@mh.alabama.gov](mailto:deborah.goodman@mh.alabama.gov)      **OR**      **Fax to:** 334-353-7661  
P.O. Box 301410  
Montgomery, Al 36130-1410  
334-242-0862

NAME	SSN	ADMIT/ RE-ADMIT DATE	DISCHARGED / DATE	TRANSFERRED LOCATION	DECEASED DATE

**Facility Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Telephone #:** \_\_\_\_\_  
**Fax #:** \_\_\_\_\_

**Completed by:** \_\_\_\_\_  
**The above is true and correct to the best of my knowledge.**  
  
Administrator: \_\_\_\_\_

**Note:** When (MI/ID/RC) Categorical Convalescent Care residents are discharged from the NH prior to 120 days, these discharges must be included on this report.